

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F43174** (4)

1. Corporate Name

JIM NAPIER, INC.



Principal Place of Business

**FALLING WATERS RD. RT. 5
P.O. DRAWER F
CHIPLEY FL 32428**

Mailing Address

**FALLING WATERS RD. RT. 5
P.O. DRAWER F
CHIPLEY FL 32428**

2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

State, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**NAPIER, JIM
203 SOUTH 7TH STREET
P.O. DRAWER F
CHIPLEY FL 32428**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

3. Date Incorporated or Qualified

09/01/1981

3a. Date of Last Report

04/21/1995

4. FEI Number

59-2121328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.05(2) and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(2), Florida Statutes.

SIGNATURE

Signature of Agent or Director

Signature of Agent or Director

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
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CITY, STATE, ZIP
TITLE
NAME
STREET ADDRESS
CITY, STATE, ZIP

**PD
NAPIER, JIM
RT. 5 FALLING WATERS RD
CHIPLEY FL
SD
NAPIER, CHRISTINE
RT. 5 FALLING WATERS RD
CHIPLEY FL**

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY, STATE, ZIP
5. TITLE
6. NAME
7. STREET ADDRESS
8. CITY, STATE, ZIP
9. TITLE
10. NAME
11. STREET ADDRESS
12. CITY, STATE, ZIP
13. TITLE
14. NAME
15. STREET ADDRESS
16. CITY, STATE, ZIP
17. TITLE
18. NAME
19. STREET ADDRESS
20. CITY, STATE, ZIP
21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY, STATE, ZIP
25. TITLE
26. NAME
27. STREET ADDRESS
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29. TITLE
30. NAME
31. STREET ADDRESS
32. CITY, STATE, ZIP
33. TITLE
34. NAME
35. STREET ADDRESS
36. CITY, STATE, ZIP
37. TITLE
38. NAME
39. STREET ADDRESS
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41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY, STATE, ZIP
45. TITLE
46. NAME
47. STREET ADDRESS
48. CITY, STATE, ZIP
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54. NAME
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76. CITY, STATE, ZIP
77. TITLE
78. NAME
79. STREET ADDRESS
80. CITY, STATE, ZIP
81. TITLE
82. NAME
83. STREET ADDRESS
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85. TITLE
86. NAME
87. STREET ADDRESS
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89. TITLE
90. NAME
91. STREET ADDRESS
92. CITY, STATE, ZIP
93. TITLE
94. NAME
95. STREET ADDRESS
96. CITY, STATE, ZIP
97. TITLE
98. NAME
99. STREET ADDRESS
100. CITY, STATE, ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or its predecessor or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or as an attachment with an address.

SIGNATURE: *Jim Napier* (JIM NAPIER)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-96

904-638-0005

CR2E034 (12/95)